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of Base Hospital No. 51, sent each a Christmas greeting and an appropriate gift.

From now on we continued busy, though gradually all surgical patients were evacuated and Base Hospital No. 51 became a medical hospital, its capacity being reduced to one thousand patients.

At midnight on March 31, 1919, Base Hospital No. 51 ceased to operate but faithful nurses remained on duty a day longer to see the last patients transferred.

More than thirteen thousand patients had been cared for by the nurses at Base Hospital No. 51, in addition to the work done in five other evacuation hospitals, some under shrapnel along the battle line, in army train service carrying the sick and wounded to hospitals farther back, or to base ports for home, and in helping at other hospitals in our own Justice Hospital Group. One Nurse of Base Hospital No. 51, is still Acting Chief Nurse at an evacuation hospital in Germany with the Army of Occupation.

When the history of this great war is written, let us hope to these young women, many of them fresh from their training schools, many of whom had made sacrifices financially and physically, will be given the honor they so richly deserve. Their mission was to serve, they served willingly and gloriously and as their Chief Nurse, I am grateful to have had the honor of serving with them.

PRE-HOSPITAL TRAINING FOR NURSES

BY W. G. CHRISTIAN, M.D.

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For a long time I have thought the present system of instructing nurses both unjust and inadequate; but as any suggestion from the author of nurses' text books might be considered self-advertising, I have hesitated to write on the subject. A sentence in an otherwise favorable review of a little work by Dr. Haskell and the writer, has induced the belief that the importance of the subject should be considered rather than any adverse criticism to which I may subject myself.

In all the hospitals with which I have been acquainted, instruction in the fundamental branches of Anatomy, gross and microscopic, Chemistry, and Physiology, has been given by busy practitioners having no special knowledge of the subject taught, by nurses who have graduated under similar conditions, or by undergraduate medical students, perhaps the best prepared of the three, but taught by all from inadequate texts, and nearly or entirely without demonstration. This is peculiarly true of gross anatomy, partly because it is

often impossible to carry fresh dissection into the hospital, and largely because the teachers are not anatomists and refuse to handle the dissections, even when they have the time, skill and willingness to prepare them. Moreover, the teaching is done, or attempted, in the afternoon or at night, when a tired mind in a tired body is incapable of active exertion. Even under the best instructors this method can train nothing but the memory, if indeed, it be not injurious to that faculty to receive, for a season, information which is never permanent and often meaningless, unless both eye and touch are utilized in its acquaintance. Even students of medicine forget anatomical facts with a facility far exceeding that with which they learn. So much of the basic sciences do we pretend to teach the nurses and so little do we, under the present method, actually teach, that the word fraudulent is not too strong when criticizing this system.

No one imagines that the pupil nurse needs, or should be offered, a course in Anatomy as thorough as that demanded of students of medicine; and no one who has intelligently taught this science fails to recognize that its severe mental discipline and its accurate training of the power of nice observation are of greater value than the mere knowledge of anatomical truths, important as they are to the physician and essential as they are to the surgeon. Observation and discipline are alike lost when anatomy is taught from books and no proper foundation for subsequent studies is laid. It follows that the briefer the course the more necessary the practical teaching, since that knowledge of physical facts acquired by sight or touch has permanency and possesses a training value while being learned. As it is impossible to give this practical training in the average hospital, it would appear that there are but two honest courses open to us, i. e., revert to the English custom, frankly admit that no scientific training is required by the nurse, or give a pre-hospital course which must be completed by the applicant before she can be accepted by the hospital. Had I thought the former course wise, I should not have been at the pains to compile nurses' text books.

A large number of hospitals are owned or controlled by medical schools. It is perfectly feasible to utilize the vacation, sixteen weeks in most colleges, to give brief practical courses in Anatomy, Histology, Physics, Chemistry and Physiology. By a practical course I do not mean that the pupil nurse should dissect the human body, or stain or mount sections, but that carefully prepared dissections, slides, etc., should be clearly demonstrated and that the requisite time should be allowed for studying the preparations. The making of a dissection is largely mechanical, medical students deriving less benefit from the actual process of dissecting than from the repeated observation

of the dissection after it has been completed. A familiar example will demonstrate this. No teacher requires his students to clean the bones employed in studying the skeleton. Yet these are prepared dissections and no part of Anatomy is usually so well known as osteology.

In preparing a text book of Anatomy for nurses, I had in view a course of instruction of seven or eight weeks, arranged somewhat as follows:

9-12 a. m.,	1-3 p. m.,
Gross Anatomy, 2 weeks	Elementary Physics, 1 week
9-11 a. m.,	1-3 p. m.,
Physics, 1 week	Histology, 1 week
Histology, 1 week	12-3 p. m.,
	Anatomy, 2 weeks

Intermission of one week.

During this period the laboratories should be open from nine to six to give ample time for the practical review of the subjects taught, when the examinations, mainly practical, should be held. These might occupy half of the fourth week, and should be at least 60 per cent of the final grade.

The second half of the fourth week should be devoted to Chemistry. This instruction should be with reference to Physiology and would be much better if given by a physiologist than by a chemist. In the remainder of the session, Physiology should occupy most of the time, Chemistry the remainder. These subjects should be completed in two weeks and then a week should be given to review and preparation for examinations. I believe the time spent in reviewing, if reasonably well employed, is the most profitable period of the study, since the student, for the first time, studies the science and not detached fragments. Two courses of seven weeks each could then be given in the vacation. If the laboratories accommodate forty pupils, a complete corps of instructors, by alternating sections, can train eighty pupils in each period, or a hundred and sixty during each summer. Of course each medical college could train an equal number.

If it be objected that the plan involves too much expense, my reply is that, in other than free hospitals, pupil nurses earn, by "being on special," more money annually than the tuition fees of the average medical college, and that hospitals unwilling to incur this expense should be compelled by public sentiment either to pay their pupil nurses a proper salary or to give them the major part of the fifteen or more dollars a week which the nurses earn and which the hospital receives.